

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	YH	75331	
O.P.E. CLASSIFIER	EW	32	6/28
FORMALITY REVIEW		6574	7-10-99

INDEX OF CLAIMS

..... Rejected	N Non-classified
..... Allowed	I Interferenced
(Through numeral)..... Canceled	A Appeal
..... Restricted	O Deleted

Claim	Date
Final	
Original	4/10
1	12/01
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Claim	Date
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Original	10/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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